

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H21518** (6)

1. Corporation Name
COLLIER MANAGEMENT COMPANY, INC.

Principal Place of Business C/O DENNIS S. GOLD ESQ 2335 TAMiami TRAIL NORTH, SUITE 301 NAPLES FL 33940 US	Mailing Address C/O DENNIS S. GOLD. ESQUIRE 2335 TAMiami TRAIL NORTH, SUITE 301 NAPLES FL 33940
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1984	4. FEI Number 59-2446220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 c/o Dennis S. Gold, Esq.	2a. Mailing Address 26 c/o Dennis S. Gold, Esq.
Suite, Apt. #, etc. 22 2335 Tamiami Trail No., #301	Suite, Apt. #, etc. 27 2335 Tamiami Trail No., #301
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 34103	Country 25 USA
Zip 29 34103	Country 30 USA

9. Name and Address of Current Registered Agent GOLD, DENNIS S., ESQUIRE 2335 TAMiami TRAIL NORTH SUITE 301 NAPLES FL 33940	10. Name and Address of New Registered Agent 81 Name Dennis S. Gold, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 2335 Tamiami Trail North, Suite 301 83 84 City Naples FL 85 Zip Code 34103
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESSER, M.C.	1.2 NAME	Gresser, M.C.
STREET ADDRESS	2335 TAMiami TRAIL,N #301	1.3 STREET ADDRESS	2335 Tamiami Trail North, Suite 301
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESSER, JOAN	2.2 NAME	Gresser, Joan
STREET ADDRESS	2335 TAMiami TRAIL,N #301	2.3 STREET ADDRESS	2335 Tamiami Trail North, Suite 301
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

3/16/98

CR2E034 (10/97)